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ABSTRACT

This manual is intended to encourage policy makers, administrators, and personnel officers in hospitals and other health facilities to recruit and hire the thousands of well-trained, experienced men and women who leave the military medical services each year. The document lists the advantages to the medical institution when employing medically trained veterans, characteristics of the medical veteran, processes of veteran utilization planning, methods of recruitment and preparation, assessments of the medical veteran's qualifications, referrals and placements, together with veteran's career development. These aspects of medical veteran employment are supplemented by the description of three medical veteran utilization programs at Johns Hopkins, Altoona (Pennsylvania), and Cook County Hospitals. Military medical checklists, comparison tables of civilian and military allied medical occupations, employment applications, and a 27-item annotated bibliography are included. (KP)

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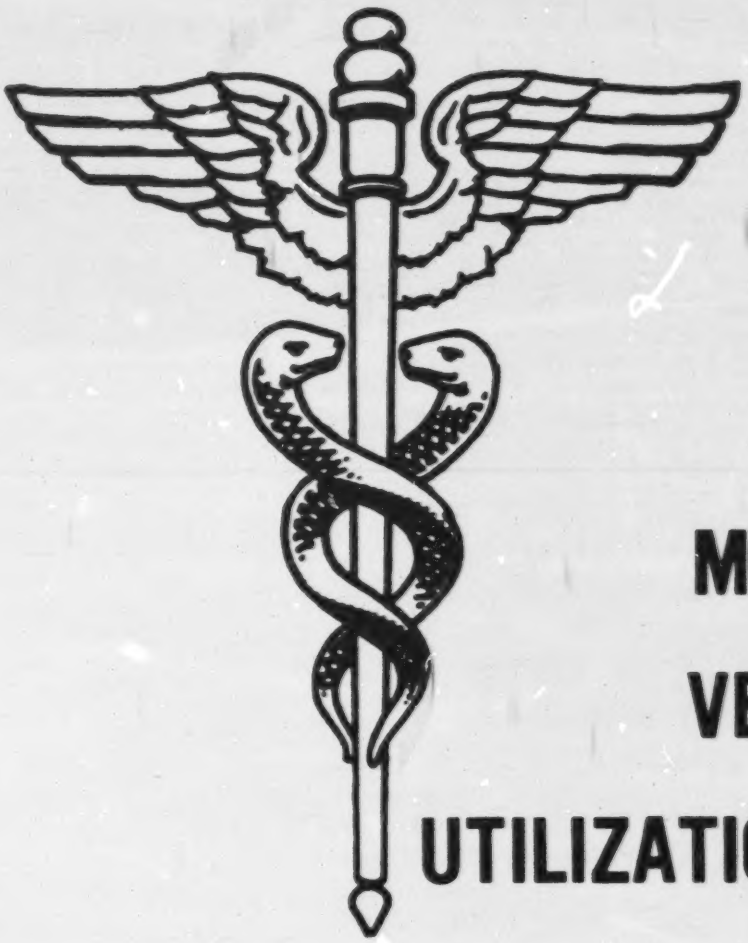

MEDICAL VETERAN UTILIZATION MANUAL

Prepared under Contract Number 82-11-71-42
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ROBERT R. NATHAN ASSOCIATES
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FOREWORD

THIS MANUAL *is intended to encourage policymakers, administrators and personnel officers in hospitals and other health facilities to recruit and hire medically trained veterans of the Armed Forces. Health care institutions in the United States vary in many respects—goals, size, organization, staffing, financing, patients and community. Therefore, no one approach to veteran recruitment and utilization can be suggested that is suited in toto to all. However, we believe that some aspects of this manual are relevant to every type of medical facility employing allied health personnel.*

What we present here is a distillation of our experiences in a research and demonstration project at Cook County Hospital, Project VEHTS—Versatile Employment of Health-Trained Servicemen. Project VEHTS was conducted from July, 1971 to June, 1973 by Robert R. Nathan Associates in cooperation with the Health and Hospitals Governing Commission of Cook County, under a contract with the Manpower Administration, U.S. Department of Labor. The objective of Project VEHTS was to demonstrate how civilian hospitals can employ and use more effectively the thousands of medically trained servicemen who are released each year by the Armed Forces. A description of the demonstration project and its findings are presented in a separate report.

We are most grateful to innumerable persons for their advice and assistance in the preparation of the manual. We are especially indebted to the members of the Allied Health Manpower Advisory Panel for their wise counsel, to E. Martin Egelston of the American Hospital Association for his constructive suggestions and to William R. Throckmorton, Office of Research and Development, Manpower Administration, U.S. Department of Labor for his constant encouragement.

MEDICAL VETERAN UTILIZATION MANUAL

EACH YEAR thousands of men and women leave the military medical services. These veterans are the products of the largest and most comprehensive medical training program in the United States and are trained and experienced in a wide variety of medical occupations. The military medical departments operate more than 200 hospitals and nearly 500 dispensaries to care for 10 million persons, nearly two-thirds of whom are civilian dependents or retired military personnel. Thus, medically trained veterans are exposed not only to "battlefield medicine" but also to virtually the full range of medical and health services found in civilian hospitals.

Advantages to Institution

A number of civilian hospitals have found that it is advantageous and economical to recruit veterans for paramedical positions, because:

1. The veteran has been well trained and experienced in a medical system with high standards, providing a wide spectrum of care for servicemen, veterans and their dependents of all ages.

2. The allied health roles in military medical service are similar to those in civilian health services. The capabilities of the veteran cover a broad range of civilian hospital manpower needs.

3. In many cases, veterans can qualify for civilian health occupations with a minimum of training. Where further training is required, veterans make superior trainees, as evidenced by their ability to complete military training courses and to demonstrate proficiency.

4. Recently discharged veterans have no job attachment and are likely to be available to move in response to an attractive job offer.

5. Recruitment is facilitated by contacts with the MEDIHC Coordinator in your state, the Transition Officers at nearby military installations, and the Veterans Employment Representative of the State Employment Service.

6. Some hospitals have found that a well-planned program for utilization of veterans reduces training costs and turnover and increases staff productivity.

Examples of Hospitals with Veteran Utilization Programs

JOHNS HOPKINS HOSPITAL in Baltimore, Maryland initiated its veteran program in 1969 when a recurrent nursing shortage compelled them to close down parts of Osler Clinic, an acute illness unit. Since empty beds are non-income producing expenses, innovative experiments including a program for utilizing corpsmen were tried in order to resolve the staffing problems. Previously, the Clinic had used private duty nurses for critically ill patients and as floor nurses on a contractual basis.

The program operates by periodically recruiting a group of corpsmen. Originally, class size was approximately 50, but some later classes have numbered as few as 8. A screening procedure and curriculum have been carefully designed, with changes introduced on the basis of each group's experience and performance. The 7-week training session is designed so that each trainee is providing supervised clinical service by the second week, with increasing increments of time devoted to on-the-job training as the course progresses. After training, the corpsmen have been assigned in groups of 12 to 15 to the medical team on a single floor of the Osler Clinic and in small numbers to other sections of the Hospital. An evaluation study comparing the quality and cost of care in a 30-bed acute medical floor staffed partly by corpsmen, with an equivalent unit staffed in the customary way concluded that "care of at least equal quality was rendered to more patients, for more patient days, and for greater patient care demands at less direct personnel cost" on the corpsmen's floor.[1]

Johns Hopkins Hospital

The negative attitude of the RNs was one of the biggest hurdles in the early stages of the program. Fortunately, Johns Hopkins had a few nurses who favored the idea, for it would have been impossible to start and continue the project without them. The attitudes of head and floor nurses have shifted from little to considerable enthusiasm as the corpsmen have demonstrated their abilities. The training program is now conducted as part of in-service nursing education. Interest has spread within the hospital. While the first group of corpsmen were assigned only to the Osler Clinic, they are now being trained and assigned also to surgical, pediatric, emergency, and intensive care units. Among the other favorable results of the program are the aforementioned cost savings and the greater ease in recruiting female nursing staff for wards that have corpsmen on night duty.[2]

An unexpected difficulty did arise. The union, Local 1199, contended that the veteran program conflicted with promotional opportunities for nursing assistants and charged discrimination against present employees and against women. The dispute was resolved by evaluating the position of nursing assistants, grade 2, and incorporating that classification into the nursing technician (veteran) program; i.e., the veteran program was expanded to include qualified nursing assistants already on the staff. As a consequence the role of the nursing technician was narrowed to conform to the restrictive

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[1] William R. Blalock, "Recruiting Ex-military Corpsmen," *Hospitals*, Vol. 45 (December 1, 1971), p. 43.

[2] Ibid.

experience of the nursing aides rather than the broader capabilities of the corpsmen.

Upward mobility was intrinsic to the design of the Johns Hopkins veteran's program through an articulated educational program with the Community College of Baltimore. Unfortunately, funding for the special associate degree nursing program that would build on the knowledge and experience of corpsmen was not obtained. The Hospital does have a policy that encourages employees to go to school but its application varies with the personal convictions of department heads. Some of the corpsmen feel that their position of nursing technician at Johns Hopkins Hospital is dead-ended and high turnover reflects their frustration.

At times recruitment has been a problem. Johns Hopkins relies mainly on newspaper advertisements in local and military papers, and on spot announcements and personal appearances on radio and TV programs, with only occasional visits to military bases in the area. There were times when it was not possible to recruit enough veterans to meet the class quota.

The approach of **ALTOONA HOSPITAL**, Altoona, Pa., to the use of veterans differs from that of Johns Hopkins Hospital. Altoona Hospital conceived its program for veterans in the fall of 1968 and is now employing approximately 60 veterans of the Armed Forces medical departments in a wide variety of professional, technical, and administrative hospital positions. When the program started, the first task undertaken was a review of job descriptions to organize job tasks appropriate to veterans' skills and the hospital's needs. The second major task was to raise salary levels and to establish a grade and instep grade promotion schedule that delineates advancement opportunities. In the opinion of the personnel director, the review and revision of personnel policies at Altoona Hospital, pay increases, improved fringe benefits, and orientation and training programs, which were necessary to attract veterans, actually resulted in lower overall costs because of more efficient utilization of manpower.

Altoona Hospital

For Altoona Hospital, visits to Transition sites at military bases have been the most successful recruitment device. The personnel director of Altoona Hospital is in a position to make a conditional job offer when he goes to the bases. His procedure is to interview the interested serviceman and have him fill out an applicaton form. When he returns to Altoona Hospital, the serviceman's references are checked and all the papers are forwarded to the department head for review. If the department head agrees, the serviceman is hired.

The philosophy behind Altoona Hospital's veterans' program is that military personnel have skills that are readily transferable with some additional on-the-job training. The traditional view that ex-corpsmen can only be used as orderlies was rejected. Among the new positions created to utilize the special skills developed in the military was the mobile emergency technician. A 2-year work-study training program has been created that prepares corpsmen to serve in mobile emergency units. This outstanding program is the subject of a film of the U.S. Department of Health, Education and Welfare. Among the measurable indexes of the impact of the improved personnel program at Altoona Hospital, of which veteran recruitment is an important part, is the decline in the turnover rate from 67 percent in 1968 to 17 percent in 1971.

Since mid-1971, **COOK COUNTY HOSPITAL** in Chicago, Illinois has hired approximately 50 veterans to fill many different types of jobs—as administrators at every level, for various technician positions and in the supportive services. Veterans' salaries average $8,500 a year and range from $5,220 to $13,068. The veterans employed come from all three military services, but are predominantly Army men, in their twenties or early thirties, with some college education and 4 years or more of military medical experience. Begun in August, 1971 as a demonstration project for the Manpower Administration, the veteran program has been institutionalized at Cook County Hospital with the designation of a Veterans Employment Coordinator in the Personnel Department and with several on-going, veteran projects.[3] Support for veteran recruitment, initially concentrated in top management, has spread to the department level. The hospital-based training program for orthopaedic technicians, for example, stipulates that veterans with military medical training will be given preference in the selection of trainees. Veteran performance at Cook County Hospital has been so satisfactory that, when the Health and Hospitals Governing Commission of Cook County was given responsibility for the medical care of prisoners in the Cook County jail system in the summer of 1973, 23 medical veterans were hired to improve the medical services.

Cook County Hospital

Characteristics of the Medical Veteran

MEDICALLY TRAINED VETERANS are mainly of two types: "careerists," who have served several terms, or a working lifetime; and "noncareerists," who have returned to civilian life after one or two terms of military service. The careerists, relatively few in number, are turning 40 years old, and are highly trained and richly experienced in a variety of medical and administrative work. They are ready to move into medical, technical, or administrative posts in a civilian health organization. The noncareerists are far more numerous, much younger, often with some college, with basic medical training and some medical experience which makes them promising material for civilian paramedical positions and, with additional training, for careers in health service. Research has indicated many of them would like to pursue health careers if they can find jobs with reasonable pay and realistic chances for advancement.[4]

Career Veterans

Career veterans are likely to have been intensively trained and experienced in one or more specialties in the course of their careers, and are most likely to have been engaged in medical administrative work during the later years. They are thus singularly well suited to supervise technical functions, such as X-ray, laboratory, pharmacy; or to assist doctors in procedures requiring judgment and skill, as in triage, surgery, emergency care; or to perform administrative duties, in, for example, ward management, supply, purchas-

[3] See Project VEHTS Report, prepared by Robert R. Nathan Associates for the Manpower Administration of the U.S. Department of Labor, 1973.

[4] For a more detailed description of the characteristics, attitudes, and military medical training and experience of veterans, see Robert R. Nathan Associates, *Transferability of Military Medical Personnel to the Civilian Sector*, prepared for the Manpower Administration, U.S. Department of Labor, 1970. The study is available from the National Technical Information Service, Springfield, Virginia 22151, accession no. PB 192-690.

ing. They are accustomed to working in high levels of responsibility and to dealing with paramedical personnel on the one hand and with doctors and nurses on the other. They can move into responsible jobs with some orientation to the civilian institution's method of operations and can perform well from the start.

Noncareer veterans have generally served from two to perhaps six years in the service. They have completed intensive basic paramedical training and often have some advanced specialty training. Most have served in military hospitals, and some have experience in dispensaries and in medical stations on shipboard or in the field. They have had limited experience in such functions as nursing, laboratory, X-ray, physical therapy. They have been well trained in what they have needed to know to perform in their assignments in the military, and they can build on that training and experience to broaden and deepen their skills. Many are interested in pursuing careers in health care. They recognize their need for additional training and, in some cases, for further education. Many seek opportunities to learn more on the job and to acquire additional skills through formal education or training. Indeed, these opportunities may be the key to successful recruitment as well as to efficient utilization.

Noncareer Veterans

Overlapping specializations are found in both the civilian and military health care systems. Despite fundamental differences in major aspects of organization, similarities of personnel training and function exist in the military and civilian medical systems and make the medically trained veteran a valuable resource for civilian institutions.

Veteran Utilization Planning

VETERANS with military medical experience may already be employed in the hospital although no formal program to utilize veterans exists. In such cases, the small numbers hired through the usual channels have probably been placed in entry-level jobs that fail to take maximum advantage of the skills acquired in the military. Or the few veterans may be concentrated in one or two departments whose chiefs have themselves served in the military and, as a result of their personal experiences, are favorably disposed to hire medics.

To make the quantum leap from happenstance use to an institution-wide policy of veteran utilization requires strong personal conviction and considerable persuasive ability on the part of an individual in the

organization in a position to influence policymakers and to move policy-implementers. He must proselytize until there is sufficient internal support to establish an institutional policy of veteran utilization and to plan its implementation.

Efficient Personnel System

To realize the greatest benefits from the capabilities of medically trained veterans, a hospital or other health facility should plan how it intends to use them, where it intends to use them, and how many of them it intends to use, considering the short- and long-term manpower needs of the institution. The great advantage of veterans is that they are already trained and experienced and are looking for careers in health care. Using them efficiently (that is, in order to reduce manpower costs to the hospital) implies, first, using them at their highest skills in the hospital, and second, building on their training and experience to enlarge their skills progressively by career training and advancement.

To undertake a program for tapping this source of trained and experienced manpower, the prospective hiring institution should satisfy itself that it is in fact in a position to recruit and utilize them effectively. The essential requirements are, of course, only the characteristics of an efficient personnel system. The institution should have a continuing need to fill a variety of allied health professional technician and administrative positions. It should be able to specify and describe the vacancies to be filled, the qualifications required, and the terms and conditions of employment. It should be prepared to recruit energetically and to make hiring decisions promptly when suitable applicants are located.

The hiring institution should also be prepared to *utilize* the veterans effectively, for its own advantage as well as for theirs. In the case of career

veterans, it may mean identifying or redesigning jobs which will utilize their training and experience or helping them to meet educational requirements for certification, or even laying out a career path for progression toward professional status.[5] In the case of noncareer veterans it means identifying or designing both entry jobs and career paths which will enable the hospital to take advantage not only of veterans' training and experience but also of their abilities to learn and progress.[6] These men have been preselected in the process of military assignment as above-average in their capabilities. They have been well educated and have demonstrated their ability to absorb intensive training and put it to practical use under conditions of professional and operational discipline. Well-conceived and well-executed programs for assimilating them into hospitals have demonstrated high payoff for the cost of effort.[7]

For their part, the veterans are looking for health jobs comparable to other available jobs in terms of material rewards and work satisfactions. Those who respond to the recruitment efforts of civilian health institutions are likely to be seriously considering career opportunities (as they personally define "career opportunity" according to their individual ideals and aspirations). The prospective hiring institutions should be prepared to offer the veteran, along with other potential employees, programmed career development paths. Such options should be an integral part of progressive personnel practices that apply to all employees of the institution.

Methods to Accomplish Goals

In-House Preparation

In-house Preparation

1. There are as many approaches to a veteran utilization program as there are health care organizations. Ideally, there should be an explicit top-management decision to encourage veteran recruitment and utilization. The veteran-preference policy should be communicated to department heads and the hospital administration. Alternatively, a prime mover in the social system of the hospital—an administrator, or a doctor or a department head—may initiate the first actions that eventuate in institution-wide acceptance. The path followed from the inception of the idea to implementation will depend upon the institutional setting and upon both internal and external forces.

2. Support should be elicited from one or more key department heads who have both hiring and supervisory responsibility and whose areas of responsibility provide job opportunities which are suitable for returning medical veterans. The advocacy of the people who make the hiring decisions and who will plan and supervise the work of the veterans is essential.

3. Responsibility for the operation of the program, particularly in terms of recruitment, placement and career development and coordination with other operations, is best vested in a single individual with sufficient standing in the organization to discharge the responsibilities of veterans' coordinator.

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[5] For constructive suggestions, see Harold M. Goldstein and Morris A. Horowitz, *Restructuring Paramedical Occupations*, report to the Office of Manpower Research, U.S. Department of Labor, Phase I, October 15, 1969 (PB 211-113) and Phase II, October 1970 (PB 211-114) (Boston, Massachusetts: Dept. of Economics, Northeastern University).

[6] See the reports of the Health Service Mobility Study, 346 Broadway, Room 714, New York, New York 10013 (PB 210-912) for valuable ideas about task analysis, job ladder design, curriculum development and performance evaluation instruments.

[7] William R. Bialock, op. cit.

4. Appropriate procedures should be set up in the personnel department for the functions described below, insofar as they depart from the standard personnel routines:

   a. A list of job classes for which veterans are likely to be most suitable, and the probable prospective requirements in these classes, should be developed.
   b. Reference materials should be obtained for interpreting military medical job classifications, training, and experience in terms of civilian medical occupations. The annotated bibliography at the end of this manual includes such references.
   c. Contacts with recruitment sources should be made and enough lead time should be allowed for recruiting veterans.

Recruitment Sources

Unemployed veterans recently released from service register with the *State Employment Service.* A specially designated Veterans Employment Representative (VER) gives priority attention to the employment of these men. The local employment service offices receives a "VES" form for each serviceman separating from the Armed Forces who has a home of record in that local office's area. This form lists the age, education level, and the veteran's military occupation and skills. Medically trained veterans are a small fraction of the total, and their records often are not routinely available on demand. However, if there are firm, specific, and precise "job orders" and meaningful chances for placements, the Employment Service will make great efforts to find qualified veterans, if not locally, then through interoffice recruitment. In general, the Employment Service should prove to be more useful in recruiting the noncareerist than the careerist, but it is a good idea to place all medical veteran job orders with the Employment Service. Local employment services vary considerably and it may take just a few contacts or a sustained effort over a period of time to establish a satisfactory relationship with it and its VER. Each hospital must decide based on its particular circumstances whether the returns are worth the effort. The decision will probably be influenced by the availability of other recruitment sources.

State Employment Service

Operation MEDIHC (Military Experience Directed Into Health Careers) is a joint Department of Defense—Department of Health, Education and Welfare program with a coordinator in each state. The cooridinators provide a counseling and referral service to help medical veterans returning to the state to get in touch with opportunities for employment and education. State MEDIHC offices have a file of information on such men and will help to find qualified applicants for specific openings and to interpret their military medical training and experience. Most state MEDIHC's also publish monthly newsletters including short resume summaries of medical veterans seeking employment in the state. The local MEDIHC program is often operated by either the State Department of Public Health, the State Health Careers Council, or the State Hospital Association, and therefore MEDIHC is a particularly good source of information not only in terms of manpower supply but also in terms of how other institutions in the state are utilizing the medical veteran. For further information contact Miss Alice Frazier, National MEDIHC Coordinator, U.S. Department of Health, Education and Welfare, Federal Building, 7550 Wisconsin Avenue, Bethesda, Maryland 20014.

Operation MEDIHC

Project Transition is a Department of Defense program to assist servicemen and servicewomen who are within 6 months of release to prepare themselves for the civilian labor market. Each major military base has a Transition Office and Officer, offering job counseling and referral, and sometimes job training on the base. All military persons on the way to discharge pass through Transition (though some only very briefly), and this provides an excellent point to contact the medical veteran.

Project Transition

Only a small fraction of military persons being discharged are from the medical departments. Therefore, recruiting medics through Transition Offices is most likely to be productive on bases handling large numbers of discharges or on bases which have military hospitals and which discharge substantial numbers of military medical personnel.

The Transition Officer can assist in a number of ways to find promising recruits. He can provide a profile of the kinds of medical personnel being separated; he will list vacancies and hiring specifications and make referrals; he will permit representatives of hiring institutions to interview military personnel scheduled for separation from the base. Under certain conditions he can set up training courses, to the specifications of one or more hiring institutions, on an individual or class basis, for military personnel prior to separation. For institutions within reasonable geographic range of one or more Transition bases, this is a useful source of personnel. (One hospital in central Pennsylvania recruited successfully by visits to Transition bases as far distant as Kentucky and Virginia.) Job orders should be listed with Transition Officers on their Job Availability Notice (see exhibit 1) with exact descriptions of the job(s) and terms and conditions of employment.

It needs to be noted that while Project Transition gives access to the military medical personnel most immediately available (on separation) and most receptive to job offers, these personnel may have ties to areas distant from a particular hiring institution, and thus may have to be persuaded to consider employment in the area of that hiring institution. The personnel registered with the Employment Service or MEDIHC, on the other hand, are fewer in number, but they are by definition available locally.

In the recruitment of medical veterans, the *local media* should not be overlooked as a viable recruitment source. Two strategies can prove useful here: (1) enlistment of the support of the local press in terms of publicity for the program; (2) the straightforward use of the classified employment ads.

Local Media

Using the press in a public relations sense can also assist in the recruiting effort. Articles published about the utilization of the medical veteran in useful roles will usually draw inquiries about employment opportunities from returning corpsmen. Spot announcements on the radio or on TV alert veterans, their families and friends to employment opportunities and, in addition, build a favorable image of the institution in the eyes of the general public.

Project VEHTS found that one of the most useful ways of recruiting for veterans was through the use of classified ads with captions "Medical Veteran" or "Medics" in the medical section of the Sunday newspapers.

Recruitment Process

Six Procedural Steps

The recruitment effort, of course, must be tailored to the kind and numbers of personnel sought. The process of finding highly trained specialists or technicians is very different from that of finding less-skilled candidates for ward clerks. Ward clerks would probably be found in the nearest metropolitan center, perhaps through the local Employment Service, through MEDIHC, or through a Transition Office at a nearby military installation. On the other hand, the specialists might be available from the same sources but would more likely require a longer lead time, recruitment in ever-widening circles, and perhaps even a paid trip for one or more candidates to the institution for interview. In any case, certain procedural steps are necessary.

1. **Have a firm job offer.** There should be an authenticated job order to fill a budgeted vacancy which the administration has authorized to be filled.

2. **Know job duties and responsibilities of the job.** The order should be accompanied by a job description and should state exactly what the duties and responsibilities are. If the institution has a current job classification system, there will probably be an up-to-date job description; if not, one will have to be worked out with the supervisor with whom the prospective employee will work.

3. **Know the hiring specifications.** Depending on the personnel department's appraisal of the labor market for the specific occupation, and the recent experience of the institution in recruitment, the hiring specifications may be accepted as given if the prospect for recruitment appears reasonably good, or they may need to be modified if the prospects are that veterans of the required quality are not likely to be available. In the latter case, the hiring specifications (and perhaps the assignment of duties and responsibilities of the position) may have to be redesigned with the departmental authorities.

4. **Know your benefits.** The benefits which the institution offers should be clearly explained to the veteran. The institution's benefit package may make the difference between the veteran's accepting or declining its job offer.

5. **Plan your recruitment efforts.** The success of any recruitment program relies heavily on the recruitment approach. A list of possible recruitment sources should be developed for the manpower sought. Orders for veterans should routinely be placed with the local Employment Service and the state

MEDIHC office. A good deal of intensive personal work with the local Employment Service offices may be necessary, at least initially, to persuade them that there are bona fide openings to which they can make referrals and to induce them to make a serious effort to locate medical veterans among their applicants. A reasonable time must be allowed them to do this.

The following are some suggestions for keeping the recruitment sources sensitive to a recruitment program:

a. Visit the recruitment offices to meet key people and to explain the program.

b. Offer to make presentations to interested veterans at the various recruitment sources.

c. Prepare and circulate regularly job availability notices on current openings for which applicants are being sought.

d. Prepare for distribution a short flyer about the institution and especially about the veteran policies and programs.

e. Have some posters printed for strategic placement which will emphasize the desire to utilize veterans.

f. Most important, keep the key people at various recruitment sources informed about manpower needs and programs.

6. Be prepared to make prompt decisions. Remember that your institution may be only one of several employment opportunities that the medical veteran is considering, and that the timeliness of your decision could mean the difference between hiring or losing a qualified candidate.

Assessing the Medical Veteran's Qualifications

The advantage of hiring veterans is to make use of their military medical training and experience. The assessment procedure is designed to find out what these are, how good they are, and how best to use them. Military occupational designations are useful for screening potential employees, but knowledge of training and experience is also required to measure veterans' qualifications against job requirements.

A Medical Veterans Supplement to the institution's standard application form has been designed to record the particulars of military medical training and experience (see exhibit 2). The veteran applicant should be asked to complete it before his interview. The supplement contains straightforward occupational information about what the veteran did, how long, and at what level.

Medical Veterans Supplement

The military has done some of the assessment work by assigning each person in the Armed Forces a military occupational specialty code (MOS-Army, NEC-Navy, AFSC-Air Force). These are assigned on the basis of training and experience and represent a performance capability as defined and assessed by the military. The numbering system designates the field of competence (e.g., medical laboratory) and the level of individual skill attained. For instance, all Air Force *medical specialty* codes fall in the 90, 91 series. A graduate of the basic 17-week Medical Laboratory Specialist Course is a 90430; a graduate of the 36-week Advanced Medical Laboratory Specialist Course is a 90450; and a Medical Laboratory Supervisor is a 90491. The number can be decoded by reference to the various military program summaries listed under military training and education. (See exhibit

3 for military occupational titles and classification codes used in the Army, Navy and Air Force.)

The veteran's rank at time of discharge implies a record and pace of progressive responsibility, from E-1 to E-9. E-8 and E-9 have held very responsible assignments. A man should have reached E-4 by the end of 3 years, and usually is E-6 or higher by retirement after 20 years' service.

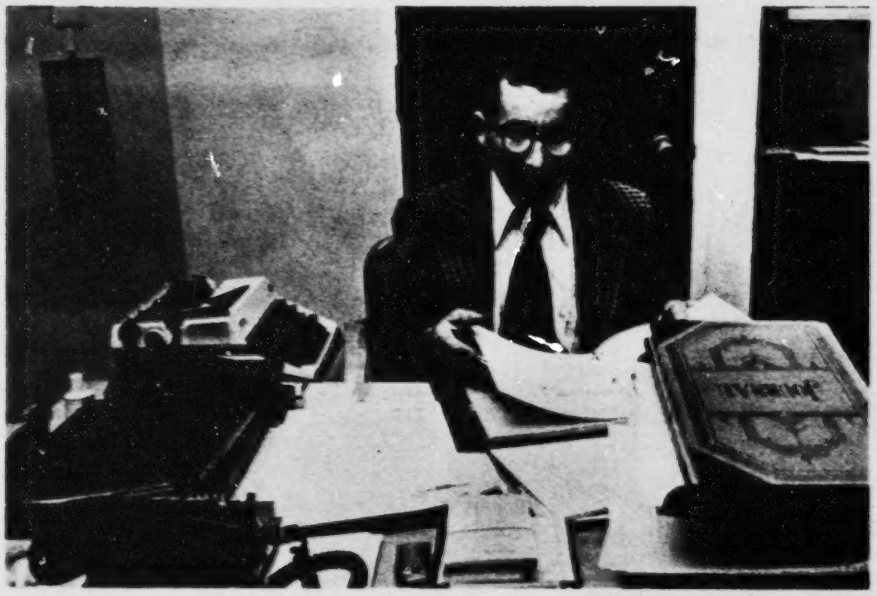
Form DD214

Form DD214 is given to every veteran at separation (see exhibit 4). It will confirm the rank, military occupational specialty and training. It includes a civilian occupational title related to the MOS, but the interpretation by the clerk who filled out the form may not be precise and should be used with caution. Also included are type of discharge and location of training.

Military education and training are important in assessing a veteran's qualifications. The military trains precisely and well. The course titles are generally self-explanatory, and the following resources can be used for determining course content and duration:

1. *Army, Navy, and Air Force Training Program,* American Hospital Association, 1971, Pub. no. 4265
2. *Compendium of Military Allied Medical Education,* American Medical Association, 1972

The last phase of the assessment consists of interviews with the most promising prospects, during which the knowledge and skills inferred from the applicant's education, training, and experience are matched against those reasonably required to perform the job after the customary on-the-job orientation to the institution's practices. This is no different than pre-employment interviews of nonveteran applicants, taking into account the differences in training and experience between military and civilian medical backgrounds.



A veteran may have performed in a variety of job functions in the military, and therefore should be interviewed in terms of his last three assignments at least, because each one may vary significantly. A 20-year man from the Navy recently interviewed by Project VEHTS had had significant assignment in patient care, dispensary management, pharmacy, and security, all in the last 8 years. It is important that the candidates who pass the basic screening be interviewed both by the personnel section and by departmental people for whom they may be working. This departmental interview should be task oriented and gauged toward determining whether the veteran can actually perform the tasks he will be assigned.

Credentials

In the course of matching the applicant and the job, a question of credentialing, that is, accreditation of educational programs, professional certification or state licensure, may arise. Some military medical education and training have been "accredited" (i.e., found by the AMA or other civilian medical bodies to be equivalent to the counterpart civilian education and training); some have not.[8] A few professional associations are willing to certify medical veterans on the basis of their military training and experience, as for example, the Registry of Emergency Medical Technicians—Ambulance and the American Society of Radiologic Technologists.

The lack of conventional credentials does not necessarily bar a veteran from hospital employment. The number of health occupations found in significant numbers in hospitals which require *licenses* from the state as a prerequisite to employment is relatively few. Apart from physicians, professional nurses, and (registered) pharmacists, who have been trained and credentialed in the civilian health sector before military service, only (licensed) practical nurses and physical therapists are required to be licensed in all states, psychologists in most, and no other occupation in more than 10. The veteran, unless he has qualified for a license, cannot be employed in a

[8]For detailed information on AMA accreditation of military training, see American Medical Association, Council on Medical Education, *Compendium of Military Allied Medical Education*, September 1972.

capacity that requires him to discharge the full duties and responsibilities of these occupations as described in the licensure statute. But this situation will rarely arise.

The more common situation deals with occupations in which some or all practitioners are *certified* by a professional organization or registry, usually as a result of prescribed education in an "accredited" course and an examination given by the certifying body to determine the "professional competence" of the individual applicant. Certification in one form or another is practiced in occupations found in the clinical laboratory, dietetic and nutritional services, medical records, occupational therapy, radiologic technology, respiratory therapy and so on.

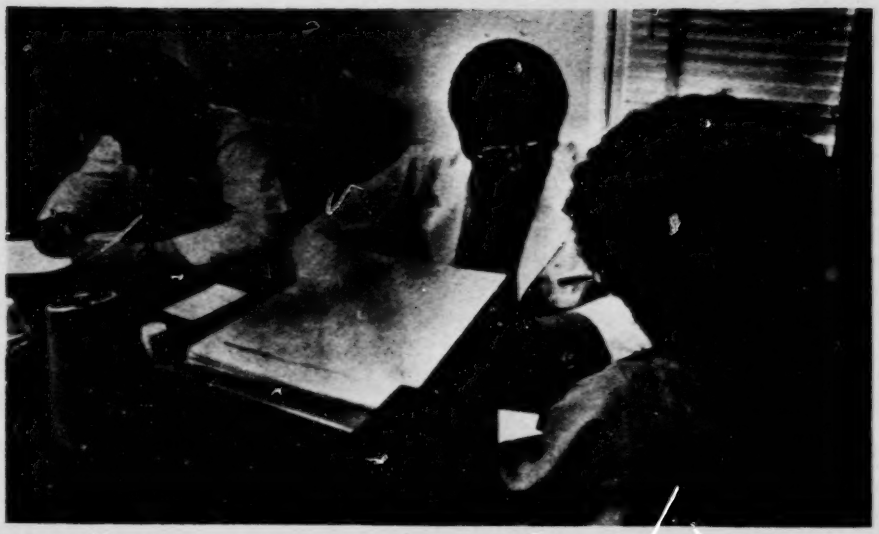
Certification

Certification is a function of the professional organization in an allied health occupation which undertakes to formulate and adhere to standards of professional education, training, and competence. In some occupations the standards, including accreditation of the prescribed education courses, are formulated in cooperation with the AMA; in others they are not. Certification, and the right of individual practitioners to present themselves as "certified" (or "registered", where there is a registry of those who have met the requirements), tells the hospital administration, the physicians, and the patients that the individual has complied with prescribed standards. As such, it is useful as *one* of the credentials in the hiring process, along with past experience, references, and other information bearing on the specific qualifications of the applicant.

Certification is not the only means by which competence can be achieved, nor are the accredited educational institutions the only sources of the necessary academic preparation. Even in occupations in which some practitioners are certified, there may be many qualified practitioners who are not; indeed, in certain occupations, those who are not may outnumber those who are. This is implicitly recognized by the Joint Commission on the Accreditation of Hospitals in the *Accreditation Manual for Hospitals* (July 1972) which defines qualifications of certain allied health professionals in terms of completion of education or training approved by the profession or "the equivalent of such education and training" (without specifying what the "equivalent" is).

One such "equivalent" may be formally demonstrated by permitting veteran medics to sit for examinations in certain licensed occupations (as is permitted by law in California and West Virginia). In some certified occupations, "proficiency examinations" are being experimented with as a means of testing the quality of training and experience and the competence of, for example, veterans, who have not completed the conventional education/training. The 1972 Social Security Amendments (PL 92-603) authorize the reimbursement for the services of allied health personnel whose qualifications have been demonstrated by means of a proficiency exam. In any event, with or without a certificate, **it is the responsibility of the hospital, and ultimately of its medical staff, to satisfy itself by use of information from all competent sources, of the ability of the prospective employee to perform satisfactorily in the duties of the job for which he or she is being considered.**

Test scores may be used to assist in assessing the veteran's qualifications. Two basic types of exams may be used:



Equivalency testing refers to examinations used to equate non-formal learning with learning achieved in academic courses or training programs. Such tests may be designed to enable colleges and universities to grant academic credit for off-campus learning. They also may be used by employers or certifying bodies to qualify individuals whose non-formal study and on-the-job learning is deemed equivalent to that expected from a formal program.

Proficiency testing refers to the measurement of an individual's competency to perform at a certain job level—a competency made up of knowledge and skills, and related to the requirements of the specified job. Such testing is therefore not only a measure of the knowledge gained through didactic instruction but also an assessment of job capabilities.[9]

Testing

College-Level Examination Program (CLEP) has developed general and subject examinations: the general examinations are a battery of five tests that measure undergraduate achievement in the basic liberal arts areas of English, humanities, mathematics, and natural and social sciences. The subject equivalency exams are given in particular course areas to assess overall mastery in the subject (e.g., clinical chemistry, hematology, human growth and development, and college algebra-trigonometry).[10] The examinations are administered monthly in test centers located throughout the United States. A fee is charged.

Proficiency examinations are also available for a fee in selected subject areas. The National Committee for Careers in the Medical Laboratory has developed proficiency tests in the following areas of clinical laboratory medicine: bacteriology, clinical chemistry, hematology and blood banking.[11] Proficiency exams for physical therapy assistants and physical

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[9] U.S. Department of Health, Education, and Welfare, *Report on Licensure and Related Health Personnel Credentialling*, June 1971, p. 53.

[10] College-Level Examination Program, "A Description of the General Examinations" and "A Description of the Subject Examinations," College Entrance Examination Board, Box 592, Princeton, New Jersey 08540, or Box 1025, Berkeley, California 94701.

[11] For information contact the NCCML at 9650 Rockville Pike, Bethesda, Maryland 20014.

therapists now exist; others are being developed under the auspices of the Department of Health, Education and Welfare in cytotechnology, occupational therapy, inhalation therapy, radiologic technology and practical nursing. The further development of proficiency examinations in the health field can be anticipated as a result of a provision of PL 92-603.

Applicants found to be qualified should be referred promptly to the officials making the final selection. Depending on how hard it is to find qualified personnel, it may be advantageous to encourage the hiring official to consider minor modification of specifications or jobs to accommodate applicants who are generally well qualified but do not meet all the requirements as formally stated. Unlike many recent graduates of allied health training programs, veterans of the military medical services have demonstrated their trainability in the most extensive medical training system and are experienced in a system of high-quality medical care. In civilian settings they have demonstrated their ability to absorb on-the-job training and to grow in their jobs.

Opportunities for advancement are an important aspect of a veteran utilization program in a civilian health institution. Career veterans, generally around the age of 40 and with family responsibilities, look for opportunities to grow in responsibility and earning power in civilian employment as they did in military service. This may mean rising on the established administrative ladder (e.g., to Chief of Supply or Chief of Purchasing), or it may

mean the chance for additional education and training to qualify as a highly rated technician or technologist or physician's assistant; or for those wishing to do so, applying their training and experience toward a baccalaureate in nursing or other allied health professions. In any case, an institution that wants to best use these men will make provision for internal promotional opportunities on the basis of their performance, and will help them to obtain the education required for professional advancement, including, where possible, the opportunity to convert their experience to advanced academic standing through equivalency examinations.

Career Development

Opportunity for advancement is also important to the young noncareer veterans who are just starting a lifetime of work. They are well educated and have many opportunities. They are eager to learn and willing to study. They will start in modest jobs commensurate with their limited training and experience, if they can see that they will be able to advance. This means more than sporadic raises in salary; it means progressing along a career path leading to greater knowledge, skill, and responsibility. For these young men, this can seldom be accomplished simply by additional experience or on-the-job training. Health occupations being what they are, it requires the opportunity for formal education of the kind available in schools for allied health occupations, community colleges, nursing schools, and universities. To get, hold, and use these veterans to best advantage, medical institutions will need to work out systematic arrangements for work-study programs leading to progressively better performance for the institution and better jobs for the individuals. As in the Armed Forces, these can be explicitly geared to the specifications and requirements of jobs in the institution.

The desire for career opportunities is not unique to veterans, nor should the opportunities for career development necessarily be limited to the veteran. The spillover of concepts and methods employed as part of a medical veteran utilization plan will profit all employees of the institutions and should redound to the benefit of the patients receiving services from satisfied workers functioning in an environment that stimulates their best performance.

EXHIBIT 1

Project TRANSITION

COMPANY _____ Date _____

_____

JOB AVAILABILITY NOTICE NO. _____

1. Title of Job: _____

_____

2. Description of Duties: _____

_____

_____

_____

3. Experience or Training Required (Give Minimum and Preferred) _____

_____

_____

_____

4. Location of Job: _____

5. Salary Range: _____

6. Advancement Opportunities: _____

_____

_____

7. Address of Individual or Office to whom inquires should be made for Employment Application or interview: _____

_____

8. REMARKS: _____

_____

_____

9. Estimated Time Vacancies Will Exist: ___ 2 Mos. ___ 6 Mos. ___ Year ___ CONTINUOUS

NOTE TO EMPLOYER: Copies of this form will be distributed to TRANSITION Sites. Please prepare one form for each job type. Address all completed forms to Project TRANSITION, Office of the Assistant Secretary of Defense (Manpower & Reserve Affairs), Washington, D.C. 20301.

11398 9ND-NTC-1500/39 (8-69)

EXHIBIT 2

VETERAN SUPPLEMENT *

NAME_____

U. S. MILITARY SERVICE:

BRANCH OF SERVICE_____ARMED FORCE SERVICE No._____

ENTRY DATE_____ SEPARATION DATE_____ LENGTH OF SERVICE_____

MILITARY OCCUPATIONAL SPECIALTY NUMBER_____ CURRENT DRAFT STATUS_____

RANK AT TIME OF DISCHARGE_____TYPE OF DISCHARGE_____

WERE YOU IN A MILITARY MEDICAL UNIT? ☐ YES ☐ NO

DD 214 ATTACHED ☐ YES ☐ NO ACTIVE RESERVE ☐ YES ☐ NO

MILITARY EDUCATION & TRAINING

LIST THE MILITARY SERVICE SCHOOLS COMPLETED.

COURSE TITLE & NUMBER	YEAR COMPLETED	WEEKS	PLACE OF TRAINING

MILITARY WORK EXPERIENCE:

EXPLAIN DUTIES OF LAST THREE (3) ASSIGNMENTS, STARTING WITH LAST ONE FIRST:

DATE (MONTH & YEAR): FROM_____ TO:_____

JOB TITLE_____ SUPERVISOR_____

DUTIES_____

DATE: FROM: _____ TO: _____

JOB TITLE_____ SUPERVISOR _____

DUTIES _____

DATE: FROM: _____ TO: _____

JOB TITLE_____

DUTIES _____

* VETERANS SUPPLEMENT DEVELOPED BY PROJECT VEHTS; ROOM 248, 1725 WEST HARRISON STREET, CHICAGO, ILLINOIS 60612.

MILITARY MEDICAL EXPERIENCE CHECKLIST

DIRECTIONS FOR COMPLETING CHECKLIST:

This Checklist is designed to assist in identifying your areas of experience and the levels of responsibility you have held in each area.

Please review the entire checklist first, and then check each area in which you have had experience. Then record at the appropriate level of responsibility in each of the areas checked, the number of years of experience you have had. Use fractions to indicate experience of less than a full year, as indicated below.

Example

Please check Any Area in Which You have Had Experience	Area of Experience	Level of Experience (yrs.) Aide	Technical	Administrative	In the areas checked Indicate whether you Have a License or Certification in the Areas
x	Ward Management	6	12 ½	1/4	No

CHECKLIST

Please check Any Area in Which You Have Had Experience	Area of Experience	Level of Experience (yrs.) Aide	Technical	Administrative	In the areas checked Indicate whether you Have a License or Certification in those Areas
	ADMINISTRATION				
_____	Dispensary/Clinic Administration	_____	_____	_____	_____
_____	General Administration	_____	_____	_____	_____
_____	Hospital Administration	_____	_____	_____	_____
	ANESTHESIOLOGY				
_____	Anesthesiology Assistant Technique	_____	_____	_____	_____
_____	Inhalation Therapy Technique	_____	_____	_____	_____
	CENTRAL SUPPLY				
_____	Central Supply Management	_____	_____	_____	_____
_____	Sterile Central Supply Technique	_____	_____	_____	_____

CHECKLIST

Please check Any Area in Which You have Had Experience	Area of Experience	Level of Experience (yrs.) Aide	Technical	Administrative	In the areas checked Indicate whether you Have a License or Certification in those Areas
	DENTAL				
_____	Dental Equipment Repair Technique	_____	_____	_____	_____
_____	Dental Health Assistant Technique	_____	_____	_____	_____
_____	Dental Hygienist Technique	_____	_____	_____	_____
	EDUCATION/TRAINING				
_____	Teaching	_____	_____	_____	_____
_____	Training Program Development	_____	_____	_____	_____
	EMERGENCY MEDICAL CARE				
_____	Ambulance Attendant	_____	_____	_____	_____
_____	Emergency Medical Care Technique	_____	_____	_____	_____
_____	Emergency Room Management	_____	_____	_____	_____
_____	Independent Duty Medical Care	_____	_____	_____	_____
_____	Military Field Medical Care	_____	_____	_____	_____
	FOOD SERVICE				
_____	Food Preparation	_____	_____	_____	_____
_____	Food Service Management	_____	_____	_____	_____
	GENERAL CLERICAL				
_____	General Clerical Skills	_____	_____	_____	_____
	LABORATORY				
_____	Blood Bank Technique	_____	_____	_____	_____
_____	Clinical Bacteriology Technique	_____	_____	_____	_____
_____	Clinical Chemistry Technique	_____	_____	_____	_____

CHECKLIST

Please check Any Area in Which You have Had Experience	Area of Experience	Level of Experience (yrs.) Aide	Technical	Administrative	In the areas checked Indicate whether you Have a License or Certification in those Areas
_____	Hematology Technique	_____	_____	_____	_____
_____	Histology Technique	_____	_____	_____	_____
_____	Medical Photography/ Illustration	_____	_____	_____	_____
_____	Pathology Cytology Technique	_____	_____	_____	_____
_____	Pulmonary Function Technique	_____	_____	_____	_____
_____	Tissue Bank Technique	_____	_____	_____	_____
_____	Tissue Culture Technique	_____	_____	_____	_____
_____	Virology Technique	_____	_____	_____	_____
	MEDICAL RECORDS				
_____	Medical Records Management	_____	_____	_____	_____
_____	Medical Records Technique	_____	_____	_____	_____
	NURSING				
_____	Dialysis Technique	_____	_____	_____	_____
_____	Ear, Nose & Throat Assistant Technique	_____	_____	_____	_____
_____	Electrocardiography Technique	_____	_____	_____	_____
_____	Electroencephalography (EEG) Technique	_____	_____	_____	_____
_____	Nursing Assistant (Aide, Orderly) Technique	_____	_____	_____	_____
_____	Operating Room Technique	_____	_____	_____	_____
_____	Opthalmic Assistant Technique	_____	_____	_____	_____
_____	Optometric Assistant Technique	_____	_____	_____	_____
_____	Orthopedic Assistant Technique	_____	_____	_____	_____

CHECKLIST

Please check Any Area in Which You have Had Experience	Area of Experience	Level of Experience (yrs.) Aide	Technical	Administrative	In the areas checked Indicate whether you Have a License or Certification in those Areas
_____	Pediatric Assistant Technique	_____	_____	_____	_____
_____	Physician Assistant*	_____	_____	_____	_____
_____	Psychiatric (Mental Health) Assistant Technique	_____	_____	_____	_____
_____	Urology Assistant Technique	_____	_____	_____	_____
_____	Ward Clerk Technique	_____	_____	_____	_____
_____	Ward Management	_____	_____	_____	_____
	OTHER SERVICES				
_____	Medical Equipment Repair	_____	_____	_____	_____
_____	Medical Social Work	_____	_____	_____	_____
_____	Medical Supply & Equipment Management	_____	_____	_____	_____
_____	Sanitation	_____	_____	_____	_____
	PHARMACY				
_____	Pharmacy Assistant Technique	_____	_____	_____	_____
_____	Pharmacy Management	_____	_____	_____	_____
	PHYSICAL MEDICINE & REHABILITATION				
_____	Occupational Therapy Technique	_____	_____	_____	_____
_____	Physical Therapy Technique	_____	_____	_____	_____
	RADIOLOGY (X-RAY)				
_____	Nuclear Medicine Technique	_____	_____	_____	_____
_____	Radiation Health Technique	_____	_____	_____	_____
_____	Radiation Therapy Technique	_____	_____	_____	_____
_____	X-Ray Technique	_____	_____	_____	_____

*If you check this area you should have assisted in evaluating and treating patients with some degree of independence of immediate supervision of the physician.

EXHIBIT 3

COMPARISON OF CIVILIAN AND MILITARY ALLIED MEDICAL OCCUPATIONS

The chart provided on this and following pages attempts to correlate civilian and military allied medical occupations by occupational functions. It does not and should not be interpreted as implying either equivalency of training and/or level of function and competency. Occupations are listed alphabetically.

Allied Medical Occupation	Military Occupations and/or Service Designation		
	U. S. ARMY	U. S. NAVY	U. S. AIR FORCE
Assistant to the Primary Care Physician	Medical Specialist (Basic and Advanced Training *Designation:* MOS-91C Physician's Assistant	Hospital Corpsman, Class B. (Advanced Med. Service Technician) *Designation:* HM-8424 Physician's Assistant *Designation:* HM8422	Medical Service Technician *Designation:* 90270-1 Aeromedical Technician *Designation:* 90170 Physician's Assistant *Designation:* 91770
Clinical Lab Technician Certified Laboratory Assistant	Medical Laboratory Specialist (Basic Training) *Designation:* MOS-92A	Clinical Laboratory Assistant Technician *Designation:* HM-8412	Medical Laboratory Specialist *Designation:* 90430
Cytotechnologist	Medical Laboratory Specialist (Basic and Advanced Training) *Designation:* MOS-92B	Clinical Laboratory Technician *Designation:* HM-8417	Cytotechnology Specialist *Designation:* 90432
Dermatology Assistant		Dermatology Technic *Designation:* HM-8495	Allergy/Immunology Specialist *Designation:* 91234
Electrocardiograph Technician (ECG/EKG Technician)	Electrocardiograph Specialist *Designation:* MOS-91-N	Electrocardiograph Technic *Designation:* HM-8453	
Electroencephalographic Technician (EEG Technician)	Electroencephalograph Specialist *Designation:* MOS-91-M	Electroencephalgraphy Technic *Designation:* HM-8454	
Emergency Medical Service Technician	Medical Aidman (Basic and Advanced Training Special Forces Aidman	Hospital Corpsman, Class A	Medical Service Specialist *Designation:* 90230 Aeromedical Specialist *Designation:* 90130
Histologic Technician	Medical Laboratory Specialist (Basic and Advanced Training) *Designation:* MOS-92B	Clinical Laboratory Technician *Designation:* HM-8495 Tissue and Culture Bank Technician *Designation:* HM-8413	Medical Laboratory Specialist *Designation:* 90430 Histopathology Specialist *Designation:* 90430

Allied Medical Occupation	Military Occupations and/or Service Designation		
	U. S. ARMY	U. S. NAVY	U. S. AIR FORCE
Licensed Practical Nurse (LPN)	Clinical Specialist *Designation:* MOS-91C	Hospital Corpsman, Class A (plus one year's experience)	Medical Service Specialist *Designation:* 90270
Medical Assistant	Medical Corpsman (Basic) *Designation:* MOS-91A Medical Specialist *Designation:* MOS-91Z/91B	Hospital Corpsman, Class A Medical Administrative Technic Class C *Designation:* HM-8442 Medical Service Technician Class C *Designation:* HM-8424	Medical Administration Specialist *Designation:* 90650 Medical Administration Supervisor *Designation:* 90670
Medical Illustrator		Medical Illustration Technician Class C *Designation:* HM-8497	
Medical Photographer		Medical Photography Technician *Designation:* HM-8472	
Medical Laboratory Technician	Medical Laboratory Specialist *Designation:* MOS-92A/92B	Clinical Laboratory Assistant Technician *Designation:* HM-8412	Medical Laboratory Specialist *Designation:* 90450
Medical Record Administrator	Medical Records Specialist Designation: MOS-71G		Medical Administration Specialist *Designation:* 90650/90670
Medical Record Technician			
Medical Technologist	Medical Laboratory Specialist (Basic & Advanced Training) *Designation:* MOS-92B30	Clinical Laboratory Technician Class C *Designation:* HM-8417 Medical Technologist *Designation:* HM-8415	Medical Laboratory Technician *Designation:* 90470
Neurologist's Assistant			Neurology Specialist *Designation:* 90932
Nuclear Medicine Technician		Nuclear Medicine Technician Class C *Designation:* HM-8407	Radioisotope Laboratory Technician *Designation:* 90970
Nuclear Medicine Technologist			

Allied Medical Occupation	Military Occupations and/or Service Designation		
	U. A. ARMY	U. S. NAVY	U. S. AIR FORCE
Nurse's Aide	Medical Corpsman *Designation:* MOS-91A Medical Specialist *Designation:* MOS-91B	Hospital Corpsman, Class A	Medical Service Specialist *Designation:* 90250
Occupational Therapist	Occupational Therapist *Designation:* MOS-3416 Occupational Therapy Assistant *Designation:* MOS-91L	Occupational Therapy Technician *Designation:* HM-8466 Occupational Therapist-(Commissioned) NOBC-0855	
Occupational Therapy Assistant			Occupational Therapy Technician *Designation:* 91371
Operating Room Technician	Operating Room Specialist *Designation:* MOS-91D	Operating Room Technic *Designation:* HM-8466	Operating Room Specialist *Designation:* 90252
Ophthalmic Assistant	EENT Specialist *Designation:* MOS-91E Optical Laboratory Specialist *Designation:* MOS-42E	Optician *Designation:* HM-8462 EENT Technic *Designation:* HM-8484	Ophthalmology Surgical Technic *Designation:* 91252 Optometry Technic *Designation:* 91275
Orthopaedic Physician's Assistant	Orthopaedic Specialist *Designation:* MOS-91H	Orthopedic Cast Room Technician *Designation:* HM-8489	Orthopedic Clinical Technician *Designation:* 91273
Otolaryngology Assistant	EENT Specialist *Designation:* MOS-91U	EENT Technician *Designation:* HM-8484	Otolaryngology Surgical Technic *Designation:* 91271
Pharmacist's Assistant	Pharmacy Specialist *Designation:* MOS-91Q	Pharmacy Technician *Designation:* HM-8494	Pharmacy Specialist *Designation:* 90550 Pharmacy Technician *Designation:* 90570
Physical Therapist	Physical Therapist *Designation:* MOS-3418 Physical Therapy Aide *Designation:* MOS-91J	Physical Therapist-Commissioned Physical Therapy Technician *Designation:* HM-8466	Physical Therapy Technician *Designation:* 91370
Physical Therapy Assistant			Physical Therapy Specialist *Designation:* 91350

Allied Medical Occupation	Military Occupations and/or Service Designation		
	U. S. ARMY	U. S. NAVY	U. S. AIR FORCE
Radiation Therapy Technologist	X-Ray Specialist (plus 20 months service after training) *Designation:* MOS-91P	Radiologic Technologist *Designation:* HM-8452	Radiology Specialist *Designation:* 90350
Radiologic Technologist			Radiology Technician *Designation:* 90370
Respiratory Therapist			
Respiratory Therapy Technician			Cardiopulmonary Lab Technician *Designation:* 91670
Specialist in Blood Bank Technology	Medical Laboratory Specialist (plus Course 311-F1 *Designation:* MOS-92B	Clinical Laboratory Technician *Designation:* HM8417	Medical Laboratory Specialist *Designation:* 90450
Urologic Physician's Assistant		Urologic Technician *Designation:* HM-8436	Urology Surgical Technician *Designation:* 91272

Source: American Medical Association, Council on Medical Education, *Compendium of Military Allied Medical Education*, September 1972, pp. 22-24.

EXHIBIT 4

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

Personal Data

1. LAST NAME, FIRST NAME, MIDDLE NAME	2. SERVICE NUMBER	3. SOCIAL SECURITY #

4. DEPARTMENT COMPONENT & BRANCH OR CLASS	5a. GRADE, RATE OR RANK	b. PAY GRADE	6. DATE OF RANK	DAY	MONTH	YEAR

7. U.S. CITIZEN ☐ Yes ☐ No	8. PLACE OF BIRTH (City and State or Country)	9. DATE OF BIRTH	DAY	MONTH	YEAR

Selective Service Data

10a. SELECTIVE SERVICE #	b. SELECTIVE SERVICE LOCAL BOARD #, CITY, COUNTY, STATE & ZIP CODE	c. DATE INDUCTED		
		DAY	MONTH	YEAR

Transfer or Discharge Data

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED

c. REASON AND AUTHORITY	d. Effective Date	DAY	MONTH	YEAR

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED

14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED	15. REENLISTMENT CODE

Service Date

16. Terminal Date of Reserve/UMT&S Obligation			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION	b. Term of Service (years)	c. DATE OF ENTRY		
DAY	MONTH	YEAR	a. SOURCE OF ENTRY ☐ Enlisted (1st Enlistment) ☐ Enlisted (prior service) ☐ Reenlisted ☐ Other		DAY	MONTH	YEAR

18. PRIOR REGULAR ENLISTMENTS	19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC	20. PLACE OF ENTRY INTO CURRENT ACTIVE SVC (city & state)

21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SVC (Street, RFD, City, County, State and Zip Code)	22. STATEMENT OF SERVICE	YEARS	MONTHS	DAYS
	b. Creditable for basic pay purposes — 1. NET SVC THIS PERIOD			
	2. OTHER SERVICE			
	3. TOTAL (line 1 plus line 2)			
	b. TOTAL ACTIVE SERVICE			
	c. FOREIGN AND/OR SEA SERVICE			

23a. SPECIALTY NUMBER AND TITLE	b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER

24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

25. EDUCATION AND TRAINING COMPLETED

VA and Emp. Service Data

26a. NON-PAY PERIODS TIME LOST (Preceding two years)	b. DAYS ACCRUED LEAVE PAID	27a. INSURANCE IN FORCE (NSLI or USGLI) ☐ YES ☐ NO	b. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED

28. VA CLAIM NUMBER	29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE
C-	☐ $15,000 ☐ $10,000 ☐ $5,000 ☐ None

Remarks

30. REMARKS

Authentication

31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State, Zip)	32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER	34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

DD FORM 1 JUL 70 214 PREVIOUS EDITION OF THIS FORM IS TO BE USED.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

SAMPLE

ANNOTATED BIBLIOGRAPHY

Ad Hoc Committee on Allied Health Personnel. *Allied Health Personnel: A Report on Their Use in the Military Services as a Model for Use in Nonmilitary Health-Care Programs.* Washington, D.C.: National Academy of Sciences, 1969, 25 pp.

The pamphlet discusses the Armed Forces Medical Services and their personnel, including the mission of the military medical departments, the delivery of health care by the military, and the characteristics of the medical corpsman. Some comments are made about the nation's civilian medical service. Comparison is made between the utilization of health manpower in the civilian and military sectors. The situation of the corpsman in the military environment and as a potential civilian employee in the health field is analyzed. Three approaches to facilitate the transfer of ex-corpsmen into the civilian health field are outlined. The report concludes that the military makes more effective use of paraprofessionals; that civilian medical care delivery is handicapped by certain inherent characteristics; that the military and civilian sectors need new approaches to the delivery of health care; and that both military and civilian health personnel practices should be reviewed. Recommendations are made to best carry out the study's conclusions. Appendixes include a list of those attending the Allied Health Personnel Planning Meeting, March 26, 1968; a list of Enlisted Military Occupational Specialty Titles of the Armed Forces Medical Departments; and selected reports on education for and delivery of health care.

American Medical Association Council on Medical Education. *Compendium of Military Allied Medical Education.* September 1972.

The compendium catalogs, by military occupation and installation, the allied medical education programs conducted by the Armed Forces that have been accredited by the AMA. It describes the purpose, membership and accomplishments of the Joint Air Force-Army-Navy-AMA Subcommittee on Military Allied Medical Education. A comparison of civilian and military training programs for allied health occupations is presented in tabular form. Data are provided for a selected number of major military training courses, including AMA accredited and non-accredited programs. The physician's assistant concept is discussed. Information about several programs is given: Army, Navy and Air Force Physician Assistant programs; MEDEX; MEDIHC; and the U.S. Civil Service Commission's veterans preference program. A map indicating the locale of major military medical education centers is included. A descriptive listing of the services available from the Department of Allied Medical Professions and Services is presented. Selected references related to military allied medical education are noted.

American Hospital Association. *Army, Navy, and Air Force Medical Training Programs.* Chicago: American Hospital Association, 1971, 43 pp.

The booklet presents the medical training programs in each of the three military services, giving brief descriptions of course purpose and content, including the number of hours devoted to each subject area. The programs include basic training, specialist training, and advanced training courses in allied health given by the Army, Navy, and Air Force. It was published at the suggestion of the American Society for Hospital Nursing Service Administrators of the AHA with the following objectives: "(1) to stimulate the interest of nursing service administrators in tapping this manpower pool; (2) to help nursing service administrators, in cooperation with personnel and other hospital departments, to assign these individuals to positions according to their interests and capabilities; and (3) to help nursing service administrators develop orientation and continuing education programs to encourage these individuals to remain and advance in hospital service."

Berlow, Leonard. "How to Recruit Military Personnel for Health Careers." *Hospitals,* vol. 43 (July 16, 1969), pp. 80-81.

The author attempts to encourage readers to hire the 30,000 to 50,000 qualified military health personnel leaving the service each year who are going into other fields in civilian life. The article pinpoints the need for the development of better job matching programs and new, sophisticated advertising techniques to attract military health personnel to the civilian health professions.

Blalock, William R. "Recruiting Ex-military Corpsmen." *Hospitals,* vol. 45 (December 1, 1971), p. 41.

This article recounts the experience of the Johns Hopkins Hospital, Baltimore, Md., in recruiting and training 146 medical corpsmen to alleviate a critical nursing shortage at the Osler Medical Clinic in 1969. A study comparing the quality and cost of care concluded that, on a 30-bed acute medical floor staffed partly by corpsmen, "care of at least equal quality was rendered to more patients, for more patient days, and for greater patient care demands at less direct personnel cost than on the 30-bed acute medical floor staffed partly by private duty nurses." The ultimate effectiveness of the program has resulted in the development of a proposed joint program by the hospital, the Johns Hopkins Center for Allied Health Careers, and local community colleges to facilitate the transference of the corpsmen from their military programs to civilian health careers.

"Can Doctors' Aides Solve the Manpower Crisis?" *Medical World News*, January 23, 1970, pp. 25-30.

This article describes how the shortage of health manpower has created a role for ex-medical corpsmen as physician's assistants. The discussion includes the use of medics in this capacity, with comments on the acceptability of the programs and the general ideas by HEW officials, the AHA and other professional organizations, and individual physicians. The MEDEX program at the University of Washington and the Duke University physician's assistant program are discussed in some detail, and 14 of the other 20 programs are listed by location and content.

Cocco, Arthur E., and Gipe, Florence. "The Utilization of Trained Military Personnel in the Baltimore Hospital Area." *Maryland State Medical Journal*, December 1967, pp. 59-61.

The authors present the results of a survey to determine whether ex-military trained personnel were being utilized in medical institutions in the Baltimore area, and, if not, what special factors limited their employment. The findings indicate that despite the fact that strong motivation exists to remain in the health fields, inadequate salaries deter military trained personnel from continuing these occupations in civilian life. The study further reveals that within the Baltimore area, no presently employed paramedical personnel had been directed to their positions by any of the counselors of the Veterans Employment Service of the U.S. Department of Labor, who work in conjunction with the local State Employment Service officers. Other factors contributing to the low rate of crossover from military to civilian health careers are: lack of recognition in civilian hospitals of experience gained in the military, great emphasis on educational requirements but no recognition of training obtained in military schools, and no systematic effort by organized medicine to channel this manpower flow into needed areas.

"Discharged Military Personnel in Hospital Services." *Practical Approaches to Nursing Service Administration*, vol. 10, no. 1 (Winter 1971).

This article mentions the American Hospital Association publication *Army, Navy and Air Force Medical Training Programs*, gives further information on military selection process and offers recruitment suggestions, with special reference to Operation MEDIHC. Eligibility for practical nurse licensure is discussed, with details of a questionnaire sent out to 50 states and D.C. regarding licensure. Out of 49 replies, 33 replied yes or favorable to granting licenses as practical nurses to qualified military trained personnel. The need for utilization of discharged military personnel in outpatient, inpatient, and home care facilities is emphasized

Donovan, Joseph. "Health Manpower Programs: Santa Clara County Medical Society." *Physician Support Personnel in the 70's: New Concepts.* American Medical Association, Chicago, 1971.

This article reports on the problems and opportunities in the health field for 110 returning medical corpsmen in a study performed under contract to the U.S. Department of Labor by the Santa Clara County Medical Society. The goal of the study was the identification of problem areas and their potential solution. The four areas identified were recruitment of the returning corpsmen; re-education or supplementary education to training already received; employment; and the problem of licensure, certification, and registration.

"Ex-Servicemen Test New Manpower Ideas." *American Medical News*, vol. 13 (November 9, 1970), p. 13.

This article describes how Altoona (Pa.) Hospital utilizes 43 former servicemen in a wide range of jobs, including mobile emergency teams, laboratory technicians, and executive housekeeping. Mentions restrictions by state law, despite the far-reaching abilities of these employees who have been a real boon in extending emergency room procedures to the scene of accidents. The Altoona Hospital administration believes the military offers an unlimited pool of well-trained personnel. The hospital is innovative with new positions that will utilize veterans' specialized skills and recognizes the importance of developing careers for these employees in the health field.

Flannagan, Lawrence G. "Let Servicemen Continue to Serve—in Health Fields." *Modern Hospital*, March 1969, p. 77.

A major source of trained paramedical manpower for civilian hospitals is the military medically trained serviceman about to be released. Altoona (Pa.) Hospital, using the services of Transition Offices at several military bases with hospitals located on the base, contacted by mail servicemen due for separation, held meetings of separating medics at Transition sites to present the opportunities for civilian health careers, and distributed posters publicizing the need for health-trained personnel in civilian life. As a result of these recruitment efforts, the hospital received a large number of referrals. In the estimation of the hospital administration, the caliber of the military medic is very high, and medics should receive higher than entry salaries. Two questions are raised: "What is the health industry to do to capitalize on this manpower resource? What can be done to overcome the restrictions of state licensing agencies or registering bodies currently controlling many health professions?"

Goldsmith, Seth B. "Can the Military Serve Civilian Needs?" *Hospitals*, vol. 47, no. 12 (June 16, 1973), pp. 68-71.

The author questions the thesis that military medical corpsmen are a valuable source of health manpower for

the civilian health care system. Published studies relative to corpsmen are typically subjective reports of individual experience. Only two scholarly studies on the subject have been prepared, and these have methodological limitations.

J.J. Young's study, *Former Servicemen of the Army Medical Department* (Iowa City: The University of Iowa, 1969), deals only with Army first-termers and does not cover career Army medics nor Navy and Air Force corpsmen. Young's findings demonstrate that a large proportion of veterans with military medical background try unsuccessfully to transfer to the civilian health field.

Robert R. Nathan Associates, in the study, *Transferability of Military-Trained Medical Personnel to the Civilian Sector* (Washington, D.C., U.S. Department of Labor, July 1970), interviewed 1,200 servicemen and veterans by telephone and found that pre-service interest in health careers, being employed in moonlighting health jobs while in service, and competence in technical allied health skills were positively associated with transference to civilian health jobs. The use of the telephone interview as a data collection technique is questioned and the omission of regression analysis to determine the relative significance of the interacting variables is criticized.

Research is needed on the civilian use of medical corpsmen, first, to substantiate the concept that corpsmen are an excellent resource, and second, to provide information on relevant veteran characteristics, such as military medical training, and to develop predictors to help assess servicemen's potential performance in the civilian health system.

Goldstein, Joan. "Medical Corpsmen as a Source of Civilian Health Manpower for New Jersey." *Medical Care,* no. 3 (1970), pp. 254-60.

The author discusses the problems underlying the civilian utilization of health manpower available in returning medical corpsmen and the development of new careers that will enable them to fit into the civilian health sector. Discussed are recruitment, screening, and job development. Also identified are educational programs preparing new types of health personnel. The article describes several junior college programs which are available in New Jersey that could attract veterans if previous military training and experience were evaluated and credited. However, for most effective utilization in New Jersey, the author believes that new health personnel roles must be created. In conclusion, the author poses a series of analytical questions for existing or developing programs.

Karpeles, Harry D., and Hirsh, Joseph. "The Military—An Untapped Resource." *Hospitals,* vol. 45 (September 1, 1971), pp. 60-64.

The authors lay the problem of the critical health manpower shortages at the door of the hospitals, whose rigidity and strict adherence to certification and licensure requirements have barred military-trained manpower in the allied health professions. Other constraints they name include inadequate remuneration, the lack of growth potential, and the absence of an effective communication network regarding available positions. The authors contend that the hospitals, as the chief beneficiary of such services, have not extended themselves to provide needed information or incentives for potential recruits. Crucial to the crossover of military medical personnel to the civilian health sector is the exertion of considerable pressure by the hospitals on local and state governments and the Federal Government to reevaluate current licensure requirements; to allocate funds, facilities, and manpower to expand the educational network required to train personnel for the health care fields; and to create an effective network for employment counseling. The article briefly points out the experience of the North Philadelphia Regional Health Affiliates, a nonprofit corporation (a union of a major state-affiliated university and two medical schools and their hospitals), and its efforts to recruit health manpower from the military. It also mentions the Federal Government's efforts through Project Transition, Project REMED, and MEDIHC, and some of the problems before these programs

Magnuson, Larry W. and Barnes, Walter, Jr. "Availability of Military-Trained Environmental Health Technicians to Civilian Health Agencies." *American Journal of Public Health,* vol. 62, no. 5 (May 1972), pp. 652-654.

Between 1965 and 1969, almost 3,000 preventive medicine personnel were trained by the U.S. Armed Forces. In the same period, the Air Force alone separated 453 technicians and specialists trained and experienced in preventive medicine. As veterans, they represent an untapped pool of skilled environmental health workers.

The authors conducted a survey in February 1971 of all enlisted members of the U.S. Air Force preventive medicine career field and found an overwhelming interest in civilian environmental health positions. The average Air Force preventive medicine technician has completed several service-connected courses as well as several courses sponsored by the Center for Disease Control, and has had extensive in-service experience; he therefore has confidence in his ability to perform the duties of various civilian environmental health jobs. Unfortunately, he knows little about civilian job opportunities or the services available to him through MEDIHC.

The article concludes that it is a challenge to civilian agencies to recruit and utilize the talents of the military-trained environmental health technician.

New Hampshire Health Careers Council. *Proceedings of a Conference on the Utilization of the Medically Trained Veteran.* New Hampshire Health Careers Council, Durham, New Hampshire, December 17-19, 1969.

The conference, sponsored by the New Hampshire Health Careers Council, was designed to provide the setting in which an exchange could take place among educators, health care providers, and the military on the subject of the utilization of medically trained veterans in the civilian economy. Papers were presented on the following subjects: optimum health care; the utilization of the veteran by the health care industry; attitude evaluation; new careers for the medically trained veteran; activities of the AMA and the academic community relevant to the discharged military medic; and the impact of licensing and accreditation practices on the availability and mobility of health manpower.

Santa Clara County Medical Society. *Final Report, Military Health Manpower.* San Jose, Calif.: Santa Clara County Medical Society, June 30, 1970.

The report outlines a project undertaken by the Santa Clara Medical Society under contract with the Manpower Administration of the U.S. Department of Labor to show how returning military corpsmen with medical skills could be utilized to greater advantage in the civilian health field. The purpose, organization, and operations of the project are described. The project contacted 132 veterans of the Armed Forces medical departments. Experiences and findings relating to effective recruitment and counseling are presented. An important part of the program is the development of educational and training programs and job placement for veterans. Efforts to modify licensure procedures met with limited success. The report contains a discussion of the importance of communication with interested groups and the extent to which the Santa Clara Medical Society made contact with other agencies and organizations at the local, state, and national levels to generate interest in utilizing veterans. A final section of the report describes developments of new health occupations for which the military corpsmen are especially fitted.

Smith, Richard A. "MEDEX." *Journal of the American Medical Association,* vol. 211, no. 11 (March 16, 1970).

To meet the physician manpower shortage in the State of Washington, especially in rural areas, the State Medical Education and Research Foundation with the School of Medicine of the University of Washington initiated a program, MEDEX (médicin extension = physician's extension), to utilize veterans with military medical experience to extend the capabilities of physicians to provide primary medical care. The military service releases thousands of medical corpsmen each year trained to perform medical services comparable to those of the civilian medical care system, but most medics find that they cannot convert their military medical training and experience into health jobs as civilians. The MEDEX program was designed to adapt the skills medics acquire in military service to civilian needs by supplementary training, first in a 3-month didactic phase based at the Medical School of the University of Washington, followed by a 12-month, preceptorship phase. During the preceptor phase, ten 3-day continuing education seminars are held.

The MEDEX program and other efforts to use corpsmen in civilian medicine have worldwide implications as one possible measure to alleviate global shortages of physicians and other medical personnel.

Turner, Cornelius P., ed. *A Guide to the Evaluation of Educational Experience in the Armed Services.* Washington, D.C.: American Council on Education, 1968.

This guide was designed to assist college officials in determining the amount and type of credit they should grant to enrolled students for their educational experiences in the school programs conducted by the Armed Forces of the United States. The guide includes two parts. Part I, "Formal Service School Courses," lists 2,178 course descriptions representing 8,811 formal service school training programs which are analyzed, evaluated, and summarized. Each course description contains the following information: title of the training program, length and location of training, brief statements on the objectives of the course, the instructional program, and the credit recommendations. This edition limits credit recommendations for military courses to those at the collegiate and post-graduate levels. Part II, "Credit and Advanced Standing by Examination," describes two national testing programs—the General Educational Development Testing Program (GED) and the College-Level Examination Program (CLEP)—which enable adults to earn a high school equivalency certificate, qualify for admission to college, and achieve advanced standing. The use of the guide is facilitated by the inclusion of a position classification index for each of the five services and for the Department of Defense.

(Note: The 1974 *Guide to the Evaluation of Educational Experiences in the Armed Services* has been announced with a planned publication date of July 1974. An added feature of the 1974 edition will be academic credit recommendations to junior colleges for Armed Forces vocational-technical training programs.)

"Time to Recognize the Ex-Corpsman." *Journal of Practical Nursing,* no. 9 (1969).

The ex-corpsman continues to be isolated from the mainstream of the country's health care delivery system. The National Association of Practical Nurse Education and Service (NAPNES) has worked closely with clinical specialists and has urged state licensure groups to recognize the unique training, experience, and needs of

these personnel. The article urges flexibility in the health care community to allow medics to be employed in civilian medicine.

University of Texas, School of Public Health. *Operation MEDIHC in Texas.* Houston: University of Texas, March 1970-June 1971.

This is a detailed analysis of the MEDIHC project at the University of Texas at Houston in its first year. The development of the pilot project, program experience, and recommendations are given.

Background and problem identification and a summary of the contract are discussed. The report describes how separatees were contacted, counseling programs set up, vocational guidance support given, and an evaluation of counseling and entry into job/education programs made. Management was studied with regard to the individual MEDIHC program and operational guidelines in general. Recommendations were made about the national MEDIHC program, the Texas MEDIHC with regard to project continuation, and specific problems and issues as experienced in Texas.

(Note: Subsequent annual reports have been issued, the last covering the period June 23, 1972-June 22, 1973.)

U.S. Department of Health, Education and Welfare. *Equivalency and Proficiency Testing: A Survey of Existing Testing Programs in Allied Health and Other Fields.* Washington, D.C.: U.S. Department of Health, Education and Welfare, no date.

This booklet is a descriptive compilation of existing testing programs in allied health and other health occupations. Discussed in detail are testing programs in the medical laboratory field such as those conducted by the American Board of Pathology and the American Society of Medical Technologists to establish certification; state licensure examinations; and proficiency/equivalency examinations used by Federal and state civil services, the three Armed Forces services, the American Medical Technologists, and the Veterans Administration. In addition, the report describes testing programs in such other health fields as nursing, physical therapy, and dentistry. To aid those concerned with the problem of equivalency and proficiency testing for the health occupations, the booklet provides background information on testing programs in other fields, such as those available for certain occupations by the Civil Service Commission; the "Credit-by-Examination Programs" administered by universities such as Syracuse, Boston, and Cornell; and the College Proficiency Examination Program (CPEP) established by the New York State Education Department. The last section of the booklet includes an annotated subject bibliography that includes 10 specific references to the issue of transferability from the military to civilian health fields.

U.S. Department of Labor, Manpower Administration. *Job Descriptions and Organizational Analysis for Hospitals and Related Health Services.* Rev. ed., 1971.

Prepared by the U.S. Training and Employment Service in cooperation with the American Hospital Association for the use of public employment offices and hospital personnel administrators, the present volume, a revision of the 1952 edition, contains job descriptions for hospital positions and a narrative description and organization chart for each hospital department. Each job description tells the job duties performed; machines, tools, equipment and work aids used; education, training and experience required; worker traits needed; job status related to other positions; and professional associations active in the occupational field. The book contains a valuable section giving instructions for the preparation of job descriptions. An annotated listing of selected government publications providing occupational and career information is also presented. Use of the volume is facilitated by the index of job descriptions.

U.S. Department of Labor, Manpower Administration. *Transferring Military Experience to Civilian Jobs: A Study of Selected Air Force Veterans.* Monograph 8, 38 pp., October 1968.

This report, based on a Ph.D. thesis submitted to Cornell University, outlines the problems of transferring military experience to civilian jobs. An extensive questionnaire, included in an appendix to the report, was used to survey a selected group that included Air Force officers and enlisted men, but which did not include medical personnel. A profile of the newly discharged veteran is developed; military training and jobs are discussed briefly; an analysis of the ex-serviceman as a civilian employee, his job hunt, and experiences on the job is given. The conclusion of the study is that skill transfers do take place, but on a selective basis. Several barriers block the progress of transferability of military skills: (1) Differences in job titles and descriptions; (2) educational attainment; (3) job market; (4) seniority, union rules, and other restrictions; and (5) unwillingness to locate in another part of the country. A number of recommendations are made for joint DOD-Labor Department actions to facilitate transferring military experience to civilian jobs. These involve manpower planning, employment assistance, information programs, and cooperative military and civilian technological development. The concluding chapter reports on Federal Government efforts to assist the veteran by the Veterans Administration and the Departments of Defense, Labor, and HEW. Note is made of special efforts directed at veterans with military training in health occupations through Project REMED.

U.S. Department of Labor, Office of Manpower Research. *Transferability of Military-Trained Medical Personnel to the Civilian Sector.* Prepared by Robert R. Nathan Associates, Inc., July 1970.

The report presents the findings of a study, conducted by Robert R. Nathan Associates under the auspices of the U.S. Department of Labor, that analyzed the flow of enlisted personnel from the military medical departments to the civilian sector. A major phase of the study was a 1968-69 survey of 1,238 Army, Navy and Air Force enlisted men with military medical assignments. Although there are differences among the services in recruitment, training, and deployment of medical personnel, there were no significant differences in the frequency of actual transfer or in plans to transfer to the civilian medical/health field. The survey revealed that veterans believe that pay levels and aspects of civilian hiring standards, such as educational requirements and lack of civilian acceptance of military training and experience, are paramount obstacles in finding civilian medical/health jobs. The report also describes military paramedical job structures and training. Programs designed to facilitate transference are described. A variety of policies and program recommendations are made to the military and civilian authorities, employers, the education system, and professional organizations to increase the frequency with which veterans of the military medical department elect to enter civilian medical employment.

Weston, Jerry L. "Job Satisfaction Among Ex-Medical Corpsmen Employed in a Nursing Service." Doctor of Science dissertation, The Johns Hopkins University, Department of Medical Care and Hospitals, March 1972.

The Johns Hopkins Hospital program to utilize military-trained medical personnel as nurse technicians is studied to determine the satisfaction of the veteran in this role and the attitudes of female nurses about their utilization. The major conclusions are that the veteran's previous training and/or experience is not associated with his level of job satisfaction at Johns Hopkins Hospital, and that female nurses evaluate their performance as nurse technicians highly. Recommendations with regard to screening, utilization, designation and education of military-trained personnel to perform nursing functions in a civilian environment are made.

Young, James J. *Former Servicemen of the Army Medical Department: A Profile and Assessment of an Untapped Resource of Allied Health Manpower.* Iowa City, Iowa: University of Iowa, 1969.

This study focuses on the potential utilization of military-trained health personnel following completion of their Army service. It pinpoints the fact that Army men constitute a largely untapped resource for meeting the nation's needs in the allied health manpower professions. It examines in detail the resource base in quantitative and qualitative terms; it develops a profile of the personal characteristics of the men surveyed and their predisposition toward continuing in the health professions upon terminating the service; and it discusses the great degree of underutilization of these specialists by the civilian health industry and the existing barriers to employment. Finally, the study outlines the incentives which the industry could offer to improve their recruitment, thereby enhancing both the public and private sector by the utilization of these men and women.